TOWN OF UXBRIDGE ZONING BOARD OF APPEALS APPLICATION FOR A HEARING

(Revised on June 1, 2008)

Zone:				
Referring Agent's Name:				
Reason for ZBA Referral (c	check all tha	t apply):		
Variance				
	Req'd	Has	Variance	
Area:				
Frontage:				
Front Setback:				
Right Side Setback:				
Left Side Setback:				
Rear Setback:				
Special Permit for Us	e			
Comprehensive Perm	it (Chapter	40B)		
Appeal from Decision	1			
Determination				
Property Location:				
Address:				
Assessors' Map(s):	Pa:	rcel #(s):		
Deed Bk(s):	De	ed Pg(s):		

Do you agree to let ZBA members review your property on site? Yes No

Owner(s) Information (identify every owner – use additional sheets if nec):
Please note: All owners MUST personally sign the application form	
Name(s): Address:	
Phone#(s):	
Applicant Information:	
Name: Address:	
Phone#(s):	
Representative/Contact Person Info:	
Name: Address:	
Phone#: E-mail address:	
Further Detail on Reason for Application	
Variance: If you are applying for one or more dimensional variances, describe each and also provide evidence of the "hardship" as defined by State Law:	e
Special Permit: Describe in detail the permit you are seeking and provide special information as to how the proposed use will meet the Zoning By-laws of Uxbr (include applicable Section #s of ZBL):	

Comprehensive Permit: Describe pro	
eligibility paperwork, as well as mater	rial required by the Town of Uxbridge
Comprehensive Permit Regulations	
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Appeal of a ruling. Attach a copy of describe in detail why you believe tha	said ruling and provide documentation/ t the ruling is incorrect.
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certain Determinations. Provide infor	n 40A Section 6, the Zoning Board may make mation about the Determination you seek, litional sheets if necessary:
Owner Name(s) (Please print):	
Owner Name(s) (Flease print).	
Owner Signature(s):	
Date:	